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### FACSIMILE TRANSMISSION COVER SHEET

DATE:

Of Counsel:

September 26, 2005

TO:

Examiner Louise N. Leary Group Art Unit: 1655 Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

RE:

U.S. Patent Application No. 10/681,352

For: DIAGNOSTIC METHOD OF SELECTING APPROPRIATE CANCER TREATMENTS AND SCREENING METHOD OF MEASURING REAGENTS

AND CURATIVE MEDICINES FOR CANCER PATIENTS

Our Ref: 3190-044

FROM:

Luke A. Kilyk, Esq. \*\*

FAC. TEL. NO.:

1-571-273-8300

#### NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 15

Items Attached:

Amendment - 12 pages Fee Transmittal -- 1 page

Credit Card Payment Form - 1 page

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Kim Blum

Name of Person signing Certificate

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PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

#### Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL Application Number 10/681,352 Filing Date October 8, 2003 for FY 2005 First Named Inventor Kyoji OGOSHI Examiner Name Louise N. Leary Effective 10/01/2003. Patent fees are subject to ennual revision. 1655 Art Unit Applicant Claims small entity status. See 37 CFR 1.27 3190-044 Attorney Docket No. (\$) 400.00 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued) Check X Credit card Money Dther 3. ADDITIONAL FEES arge Entity | Small Entity Fee Fee Description Fee Paid x Deposit Account Code Code (\$) (\$) 130 2051 65 Surcharge - late filing fee or oath 1051 50-0925 Number Surcharge – late provisional filing fee or cover sheet Deposit 2052 Kilyk & Bowersox, P.L.L.C. 1052 50 Account 1053 130 1053 130 Non-English specification The Director is authorized to: (check all that apply) X Credit any overpayments For filing a request for ex parte reexamination 1812 Charge fee(s) indicated below 2.520 1812 2.520 Requesting publication of SIR prior to Examiner action Requesting publication of SIR after 1804 920\* Charge any additional fee(s) or any underpayment of fee(s) 920° 1804 Charge fee(s) indicated below, except for the filing fee 1,840\* 1805 1,840\* 1805 Examiner action to the above-identified deposit account. Extension for reply within first month **FEE CALCULATION** 1251 120 2251 60 1252 450 2252 225 Extension for reply within second month 1. BASIC FILING FEE 1020 Extension for reply within third month 1253 2253 510 Large Entity | Small Entity Fee Description Fee Paid 1254 1590 2254 795 Extension for reply within fourth month (\$) Code (\$) Code 1255 Extension for reply within fifth month 2,160 2255 1.080 1011 300 2011 150 Utility fillna fee 500 2401 250 Notice of Appeal 1401 200 2012 100 Design filing fee 1012 250 1402 600 2402 Filing a brief in support of an appeal 200 2013 100 Plant filing fee 1013 1,000 1403 2403 500 Request for oral hearing 300 2014 150 Reissue filing fee. 1014 1451 1.510 1451 1.510 Petition to institute a public use proceeding 100 Provisional filing fee 1005 200 2005 Petition to revive - unavoidable 1452 500 2452 250 1453 1,500 2453 750 Petition to revive - unimentional SUBTOTAL (1) (\$) 0.00 2501 Utility issue fee (or reissue) 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1.400 700 Fee from below 1502 800 2502 400 Design issue fee Fee Pald 550 Plant issue fee 1503 1,100 2503 Total Claims Independent Claims 400.00 2 Petitions to the Commissioner 5 200.00 1460 130 1480 130 1807 Processing fee for provisional applications Multiple Dependent 1807 50 Submission of Information Disclosure Stmt Small Entity 1806 180 1806 180 Large Entity Recording each patent assignment per 8021 40 8021 Fee Description Code Code property (times number of properties) Filing a submission after final rejection 50 2202 25 Claims in excess of 20 1809 790 2809 395 (37 CFR 1.129(a)) For each additional invention to be 790 395 1810 2810 1201 200 2201 100 Independent claims in excess of 3 examined (37 CFR 1.129(b)) Request for Continued Examination (RCE) 1801 790 2801 1203 360 2203 180 Multiple dependent claim, if not paid Request for expedited examination \*Reissue Independent claims over original patent 1802 900 1802 1204 200 2204 100 of a design application \*Relssue claims in excess of 20 and over original patent 2205 1205 50 SUBTOTAL (2) (\$) 400.00 Other fee (specify) \*\* or number previously peid, if greater, For Reissues, see above SUBTOTAL (3) (\$) 0.00 Reduced by Basic Filing Fee Paid Complete (If applicable) SUBMITTED BY Registration No. Telephone 1-540-428-1701 Name (Print/Type) 33,251 Luke A. Kilyk (Altorney/Agent) A September 26, 2005 Signature ~

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Kim Blum Name (Print)

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# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: Louise N. Leary In re Application of: Kyoji OGOSHI 1655 Group Art Unit: 10/681,352 Application No.: Confirmation No.: 8311 October 8, 2003 Filed: 33432 Customer No.: 3190-044 Docket No.:

DIAGNOSTIC METHOD OF SELECTING APPROPRIATE CANCER TREATMENTS AND For: SCREENING METHOD OF MEASURING REAGENTS AND CURATIVE MEDICINES

FOR CANCER PATIENTS

## AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

September 26, 2005

Sir:

This Amendment is in response to the Office Action dated July 1, 2005, for which the Examiner has set a three-month period for response, thus making the response due on or before October 1, 2005.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

09/27/2005 MBINAS 00000034 10681352 Remarks/Arguments begin on page 8 of this paper. 01 FC:1201 400.00 OP